

CITY OF LAKEPORT TRANSIENT OCCUPANCY TAX RETURN

NAME OF HOTEL, MOTEL, ETC. _____

Address _____

Number of rooms _____ Number of RV spaces _____ Number of Campsites _____

Reporting Period: Month Ending _____

Quarter Ending _____

1. Gross Rent for Occupancy of Rooms	\$	_____
2. Rent for Occupancy by Permanent Residents	\$	_____
3. Federal, State, Local Government or other deductions	\$	_____
4. Total Deductions	\$	_____
5. Taxable Rents: Line 1 minus line 4	\$	_____
6. Tax: 10% of Line 5	\$	_____
7. Adjustment of prior reports for transients who complete 31 consecutive days to qualify as permanent lodger.		
\$ _____ X 10%	\$	_____
8. Net Tax: Line 6 minus Line 7	\$	_____
9. Penalties: 10% of Line 8 if paid within 30 days after delinquent date, 20% of Line 8 if paid more than 30 days after delinquent date, plus interest of ½% per month.	\$	_____
10 Total Tax and Penalty	\$	_____

I declare under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are true and correct.

SIGNED _____ DATE _____

TITLE _____

Please make check or money order payable to the City of Lakeport and mail to:

City of Lakeport – Transient Occupancy Tax
225 Park Street
Lakeport, CA 95453

CHANGE OF OWNERSHIP, SUSPENSION, OR DISPOSAL OF BUSINESS,
MUST BE REPORTED IMMEDIATELY TO THE CITY OF LAKEPORT.